

UNITED STATES OF AMERICA  
OFFICE OF PRICE ADMINISTRATIONIndustrial and Institutional  
Application For Shoe Purchase Certificate(A SEPARATE APPLICATION MUST BE FILED  
FOR EACH TYPE OF SHOE REQUESTED)

This form is to be used by:

- (a) Employers furnishing (not selling) to their employees, shoes required by their jobs.
- (b) Educational institutions furnishing (not selling) to their students, shoes required in organized athletic activities or physical training.
- (c) Charitable and correctional institutions furnishing (not selling) the shoes required by their residents.

IMPORTANT.—When this form is filled in, applicant must send it to:  
**THE OFFICE OF PRICE ADMINISTRATION**

(This address is to be filled in by the Local Board or the District OPA Office before it is given or sent to the applicant.)

1	NAME OF APPLICANT (PLEASE PRINT OR TYPE) <i>Newark Eagles B/B Club</i>	
	ADDRESS (STREET AND NUMBER) <i>71 Crawford St</i>	
	CITY AND STATE <i>Newark N.J.</i>	
	TYPE OF BUSINESS, NATURE OF INSTITUTION (SPECIFY IF ORPHAN ASYLUM, COLLEGE, ETC.) <i>Baseball Team</i>	
2	STATE THE QUANTITY OF SHOES REQUESTED AND DESCRIBE CLEARLY THE TYPE <i>Baseball spikes</i>	NUMBER OF PAIRS <i>18</i>
3	HOW MANY PERSONS ARE TO BE FURNISHED THESE SHOES?	NO. OF PERSONS <i>18</i>

EXPLAIN WHY THESE SHOES ARE NEEDED

4 *Each player uses at least one pair each season*

5	Fill in the information requested at right concerning all serviceable or repairable shoes you own of the type you request or of other types which could be worn for the same purpose and which you provide for the use of your employees, students, or residents.	TYPES OF SHOES NOW OWNED (a)		NUMBER OF PAIRS (b)	
		Shoes of the type you request <i>Baseball spikes</i>	Specify other types which can be worn for the same purpose <i>none</i>	<i>18</i>	
6	If this application is granted and you want more than one certificate to facilitate placing orders with your supplier, state the number of pairs you want each certificate to represent.	NUMBER OF PAIRS	NUMBER OF PAIRS	NUMBER OF PAIRS	NUMBER OF PAIRS

Any person who makes any false statement or false representation in this application is subject to criminal prosecution under the laws of the United States.

I HEREBY CERTIFY that the information contained in this application and any supporting evidence submitted is correct and complete to the best of my knowledge and belief. I understand that I am to use the requested Certificate to purchase shoes only of the kind and for the purpose stated in this application.

SIGNATURE OF APPLICANT OR AGENT

TITLE

DATE

## ACTION TAKEN BY ISSUING OFFICE

(CHECK ONE)	CERTIFICATE SERIAL NOS. ISSUED	NUMBER OF PAIRS	IF APPLICATION IS ALLOWED ONLY IN PART OR IS DENIED, STATE REASON:	
<input type="checkbox"/> APPLICATION ALLOWED IN WHOLE OR IN PART				
<input type="checkbox"/> APPLICATION DENIED				
TOTAL PAIRS OF SHOES ALLOWED			ISSUING OFFICE (CHECK ONE) <input type="checkbox"/> DISTRICT <input type="checkbox"/> STATE	CITY AND STATE
			SIGNATURE	TITLE